



The Commonwealth of Massachusetts
Motor Vehicle Insurance - Merit Rating Board
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MARY ANN MULHALL
DIRECTOR

TO: Massachusetts Merit Rating Liaisons

FROM: Mary Ann Mulhall, Director

DATE: April 1, 2008

RE: Revised Safe Driver Insurance Plan (SDIP) Statement and Surcharge Notice

NOTICE NO: 0028

I am enclosing revisions to the Merit Rating Board (MRB) Administrative Procedures. The revisions include changes to the SDIP Statement and Surcharge Notice that have been approved by the Commissioner of Insurance. I am also enclosing a correction to Appendix C that was included with Merit Rating Board Notice No. 0027.

1. Appendix C: SDIP Claim Source File Specifications (correction). The enclosed Appendix C: SDIP Claim Source File Specifications has been corrected to indicate that Loss Amount (field number 26) must be spaces or zeroes for Transaction Codes 43 and 44 and for Transaction Codes 53 and 54. The pages C.3 and C.4 contain this correction.

2. Appendix R: Safe Driver Insurance Plan (SDIP) Statement. The enclosed Appendix R: Safe Driver Insurance Plan Statement contains revised formats and examples to replace the current statement. The revised statement text is the only change to the statement format. There are no changes to the computation of the Operator SDIP Points or Credit Code. This revised format should be used for policies with policy effective dates on or after January 1, 2006.

For policies subject to the Safe Driver Insurance Plan during Fixed-and-Established Markets on or after January 1, 2006, this revised SDIP Statement must be sent to the policyholder of any policy not eligible for the Excellent Driver Discount Plus for all insured vehicles. For policies subject to merit rating plans during Competitive markets, this SDIP Statement must be sent to the policyholder of any policy for which the Merit Rating Board reported an at-fault accident or traffic law violation during the five year period immediately preceding the policy effective date.

3. Appendix S: Surcharge Notice Form. The enclosed Appendix S: Surcharge Notice Form contains revisions to remove references to Safe Driver Insurance Plan and SDIP and to replace the text "a surcharge will be imposed" with the text "a surcharge may be imposed".

Enclosures:

Appendix C: SDIP Claim Source File Specifications
Appendix R: Safe Driver Insurance Plan Statement format and examples
Appendix S: Surcharge Notice Form

Appendix C: SDIP Claim Source File Specifications

SDIP Claim Source Record Format

Field Number	Location From To		Size	Picture	Description
1	1	2	2	XX	Transaction Code
2	3	5	3	X(3)	Insurance Company Code
3	6	30	25	X(25)	Policyholder License Number
4	31	32	2	XX	Policyholder License State Code
5	33	48	16	X(16)	Policyholder Surname
6	49	60	12	X(12)	Policyholder First Name
7	61	68	8	X(8)	Policyholder Middle Name
8	69	76	8	X(8)	Policyholder Birth Date: yyyymmdd
9	77	96	20	X(20)	Policyholder Street Address 1
10	97	116	20	X(20)	Policyholder Street Address 2
11	117	131	15	X(15)	Policyholder Address City
12	132	133	2	XX	Policyholder Address State Code
13	134	143	10	X(10)	Policyholder Address Zip Code
14	144	151	8	X(8)	Incident Date: yyyymmdd
15	152	159	8	X(8)	Notice Date: yyyymmdd
16	160	162	3	X(3)	Incident Location Code
17	163	165	3	X(3)	Premium Town Code
18	166	167	2	XX	Type of Loss Code
19	168	169	2	XX	Catastrophe Code
20	170	171	2	XX	Surcharge Code: Standard of Fault
21	172	187	16	X(16)	Claim Identification Number
22	188	203	16	X(16)	Policy Number
23	204	207	4	X(4)	Policy Number Company Use
24	208	215	8	X(8)	Policy Effective Date: yyyymmdd
25	216	216	1	X	Loss Amount Sign ("-" or space)
26	217	222	6	9(6)	Loss Amount
27	223	239	17	X(17)	Vehicle Identification Number
28	240	243	4	X(4)	Vehicle Class Code
29	244	253	10	X(10)	Loss Payee Surname
30	254	268	15	X(15)	Loss Payee Street Address

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Format

Field Number	Location From To		Size	Picture	Description
31	269	293	25	X(25)	Involved Operator License Number
32	294	295	2	XX	Involved Operator License State Code
33	296	311	16	X(16)	Involved Operator Surname
34	312	323	12	X(12)	Involved Operator First Name
35	324	331	8	X(8)	Involved Operator Middle Name
36	332	339	8	X(8)	Involved Operator Birth Date: yyymmdd
37	340	359	20	X(20)	Involved Operator Street Address 1
38	360	379	20	X(20)	Involved Operator Street Address 2
39	380	394	15	X(15)	Involved Operator Address City
40	395	396	2	XX	Involved Operator Address State Code
41	397	406	10	X(10)	Involved Operator Address Zip Code
42	407	408	2	XX	Reversal Reason Code
43	409	420	12	X(12)	Filler
44	421	440	20	X(20)	Insurance Company Use

Appendix C: SDIP Claim Source File Specifications (continued)

SDIP Claim Source Record Data Element Requirements for an at-fault accident claim

Each data element required to process an at-fault accident transaction is listed below. A data element is not listed if it does not apply or if the transaction may be complete without it.

Field Number	Description	Requirements* by Transaction Code			
		41	42	43	44
1	Transaction Code	R	R	R	R
2	Insurance Company Code	R	R	R	R
3	Policyholder License Number	R	R	R	R
4	Policyholder License State Code	R	R	R	R
5	Policyholder Surname	R	R	R	R
6	Policyholder First Name	R	R	R	R
8	Policyholder Birth Date	R	R	R	R
9	Policyholder Street Address 1	O1	O1	O1	O1
11	Policyholder Address City	O1	O1	O1	O1
12	Policyholder Address State Code	O1	O1	O1	O1
13	Policyholder Address Zip Code	O1	O1	O1	O1
14	Incident Date	R	R	R	R
15	Notice Date	R	R	R	R
16	Incident Location Code	R	R	R	R
17	Premium Town Code	R	O	O	R
18	Type of Loss Code	R	R	O	O
20	Surcharge Code	R	O	O	R
21	Claim Identification Number	R	R	R	R
22	Policy Number	R	R	R	R
24	Policy Effective Date	R	R	R	R
25	Loss Amount Sign	R	R	O	O
26	Loss Amount	R	R	Ø2	Ø2
27	Vehicle Identification Number	R	O	O	R
28	Vehicle Class Code	R	O	O	R
31	Involved Operator License Number	O3	O3	O3	O3
32	Involved Operator License State Code	O3	O3	O3	O3
33	Involved Operator Surname	O3	O3	O3	O3
34	Involved Operator First Name	O3	O3	O3	O3
36	Involved Operator Birth Date	O3	O3	O3	O3
37	Involved Operator Street Address 1	O4	O4	O4	O4
39	Involved Operator Address City	O4	O4	O4	O4
40	Involved Operator Address State Code	O4	O4	O4	O4
41	Involved Operator Address Zip Code	O4	O4	O4	O4
42	Reversal Reason Code	O	O	R	O

*Requirement Codes: R=Required; O=Optional; O1=Required if the Policyholder License State Code is not = MA; Ø2=Must be spaces or zeroes; O3=Required if the Involved Operator is not the Policyholder; O4= Required if the Involved Operator is not the Policyholder and the Involved Operator License State Code is not = MA;

Appendix C: SDIP Claim Source File Specifications (continued)

SDIP Claim Source Record Data Element Requirements for a comprehensive claim

Each data element required to process a comprehensive claim transaction is listed below. A data element is not listed if it does not apply or if the transaction may be complete without it.

Field Number	Description	Requirements* by Transaction Code			
		51	52	53	54
1	Transaction Code	R	R	R	R
2	Insurance Company Code	R	R	R	R
3	Policyholder License Number	R	R	R	R
4	Policyholder License State Code	R	R	R	R
5	Policyholder Surname	R	R	R	R
6	Policyholder First Name	R	R	R	R
8	Policyholder Birth Date	R	R	R	R
9	Policyholder Street Address 1	O1	O1	O1	O1
11	Policyholder Address City	O1	O1	O1	O1
12	Policyholder Address State Code	O1	O1	O1	O1
13	Policyholder Address Zip Code	O1	O1	O1	O1
14	Incident Date	R	R	R	R
15	Notice Date	R	R	R	R
16	Incident Location Code	R	R	R	R
17	Premium Town Code	R	O	O	R
18	Type of Loss Code	R	R	O	O
19	Catastrophe Code	O	O	O	O
21	Claim Identification Number	R	R	R	R
22	Policy Number	R	R	R	R
24	Policy Effective Date	R	R	R	R
25	Loss Amount Sign	R	R	O	O
26	Loss Amount	R	R	Ø2	Ø2
27	Vehicle Identification Number	R	O	O	R
28	Vehicle Class Code	R	O	O	R
29	Loss Payee Surname	Rg	O	O	Rg
30	Loss Payee Street Address	Rg	O	O	Rg
42	Reversal Reason Code	O	O	R	O

*Requirement Codes: R=Required data element; O=optional; O1=Required if the Policyholder License State Code is not = MA; Ø2=Must be spaces or zeroes; Rg=Required except for Type of Loss Code = "03" (glass)

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 1 Transaction Code.** Enter the two-character code to identify the transaction. The first character of the transaction code, the Transaction Type contains a value of “4” for an at-fault accident claim or a value of “5” for a comprehensive claim. “Chapter 3 SDIP CLAIMS” defines the transaction codes in “Section 3.3.3 At-Fault Accident Claim Transaction Codes” and “Section 3.3.4 Comprehensive Claim Transaction Codes”.
- 2 Insurance Company Code.** Enter the three-digit code assigned by CAR to the insurer that paid this claim.
- 3 Policyholder License Number.** Enter the driver license number exactly as it appears on the policyholder’s driver license. The driver license number should be left justified with spaces on the right. The driver license number may not contain special characters. If the current driver’s license is suspended or revoked or in any other way withdrawn by the state of record, that license number should be entered. If the policyholder has no driver license, enter “NOLICENSE”.
- 4 Policyholder License State Code.** Enter “MA” if the driver license number of the policyholder was issued in Massachusetts. Otherwise, enter the code for the state, territory, country, or Canadian province that issued this driver license using a code from “Appendix M: State Code”. If the policyholder does not possess a driver license and Field Number 3 contains a value of “NOLICENSE”, enter “XX”.
- 5 Policyholder Surname.** Enter the first 16 characters of the policyholder surname. Left justify omitting spaces and punctuation such as periods, apostrophes and commas. If the operator surname contains fewer than 16 characters enter only the surname, do not enter the first name in this data element.
- 6 Policyholder First Name.** Enter the first 12 characters of the policyholder first name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 7 Policyholder Middle Name.** This field is optional. Enter the first 8 characters of the policyholder middle name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.
- 8 Policyholder Birth Date.** Enter the birth date from the policyholder's driver license in the format YYYYMMDD.
- 9 Policyholder Street Address 1.** This field is required only if Policyholder License State Code is not = "MA". Enter the policyholder's current street address.
- 10 Policyholder Street Address 2.** This field is not required if Policyholder License State Code = "MA" and is optional if Policyholder License State Code is not = "MA". Enter the policyholder's additional street address information, such as an apartment number, if needed.
- 11 Policyholder Address City.** This field is required only if Policyholder License State Code is not = "MA". Enter the city of the policyholder's current address. If the Policyholder Address State Code = "MA", this field must contain a town name from the RMV Massachusetts town name validation table. "Appendix N: Massachusetts Town Name" contains the RMV Massachusetts town name validation table.
- 12 Policyholder Address State Code.** This field is required only if Policyholder License State Code is not = "MA". Enter the state code of the policyholder's current address.
- 13 Policyholder Address Zip Code.** This field is required only if Policyholder License State Code is not = "MA". Enter the zip code of the policyholder's current address.
- 14 Incident Date.** Enter the date the incident occurred in the format YYYYMMDD. For an at-fault accident claim, this is the date the accident occurred.
- 15 Notice Date.** Enter the date the loss amount was paid in the format YYYYMMDD.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 16 Incident Location Code.** Enter the three-digit code for the incident location. Use the location code from the appendix for “Premium and Accident Town Tables” of the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com. If the incident occurred outside of Massachusetts, use the appropriate Out-of-State Town Code.
- 17 Premium Town Code.** Enter the three-digit code for the place of principal garaging (i.e., rating town). Use the town code from the appendix for “Premium and Accident Town Tables” of the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com. If the vehicle is not principally garaged in Massachusetts, use the appropriate Out-of-State Town Code
- 18 Type of Loss Code.** For an at-fault accident claim, enter the code to describe the coverage under which the claim was paid: “10” = Collision; “11” = Property Damage Liability; “12” = Bodily Injury Liability; “13” = Personal Injury Protection. If this field contains a value of “12” when the Incident Date is before 01-01-2006, or if this field contains a value of “13” when the Incident date is before 04-01-2008, the record is rejected with Error Code 08 (Incident Date).
- For a comprehensive claim, enter the code which describes the type of loss: “01” = Fire; “02” = Theft; “03” = Glass; “05” = Malicious Mischief and Vandalism; “06” = Windstorm, Earthquake, Hail, Explosion, Tornado, Cyclone and Water Damage; “07” = Flood and Rising Water; “09” = Miscellaneous.
- 19 Catastrophe Code.** This field is for comprehensive claims only. If this claim resulted from a catastrophe, enter the two-digit code for the catastrophe as defined by the Insurance Services Office (ISO). Otherwise, enter spaces or zeroes.
- 20 Surcharge Code: Standard of Fault.** This field is for at-fault accident claims only. Enter the two-digit Standard of Fault Code that represents the reason that this claim is considered an at-fault accident claim from “Appendix J: Surcharge Code (Standard of Fault)”.
- 21 Claim Identification Number.** Enter the first sixteen (16) characters of the claim number associated with the loss amount reported in this claim transaction. This claim identification number must be exactly the same as the claim identification number for the corresponding statistical loss records reported to the designated statistical agent (CAR).

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 22 Policy Number.** Enter the policy number by which this policy may be referenced in the insurance company files. Use only significant alpha or numeric digits left justified with no blanks between significant digits.
- 23 Policy Number-Company Use.** This field is for company use only and may be blanks, zeroes or may contain any alpha or numeric combinations.
- 24 Policy Effective Date.** Enter the effective date of the policy in the format YYYYMMDD.
- 25 Loss Amount Sign.** Enter a minus sign (-) to indicate a negative loss amount or space to indicate a positive loss amount.
- 26 Loss Amount.** For an Add Original Claim Transaction enter the magnitude of the loss amount paid for this Type of Loss or a value of “999999” if the loss amount paid exceeds \$999,999. For a Change Loss Amount Transaction, enter the magnitude of the increase or decrease to the loss amount to be applied, but do not report an increase such that the total loss amount for any Type of Loss Code exceeds \$999,999. For example, to specify a loss amount of \$5,500, enter a space in Loss Amount Sign (field number 25) and enter 005500 in this field. To specify a decrease of \$1,700 (-\$1,700) enter a minus sign (-) in Loss Amount Sign (field number 25) and enter 001700 in this field.
- 27 Vehicle Identification Number.** Enter the Vehicle Identification Number exactly as it appears on the vehicle involved in this claim incident.
- 28 Vehicle Class Code.** Enter the four-digit vehicle class code for the vehicle involved in this claim incident from the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com.
- 29 Loss Payee Surname.** This field is for comprehensive claims except it is not required for a comprehensive claim with Type of Loss = “03” (Glass). Enter the first ten (10) characters of the surname of the loss payee.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 30 Loss Payee Street Address.** This field is for comprehensive claims except it is not required for a comprehensive claim with Type of Loss = “03” (Glass). Enter the first fifteen (15) characters of the street address to which this claim payment was mailed.

Fields 31 through 41 are required for an at-fault accident claim transaction only if the operator involved in the at-fault accident is not the same person as the policyholder. These fields are not required for a comprehensive claim transaction.

- 31 Involved Operator License Number.** Enter the driver license number exactly as it appears on the operator’s driver license. The driver license number should be left justified with spaces on the right. The driver license number may not contain special characters. If the current driver’s license is suspended or revoked or in any other way withdrawn by the state of record, that license number should be entered. If the operator has no driver license, enter “NOLICENSE”.
- 32 Involved Operator License State Code.** Enter “MA” if the driver license number of the operator was issued in Massachusetts. Otherwise, enter the code for the state, territory, country, or Canadian province that issued this driver license using a code from “Appendix M: State Code”. If the operator does not possess a driver license and Field Number 31 contains a value of “NOLICENSE”, enter “XX”.
- 33 Involved Operator Surname.** Enter the first 16 characters of the operator surname. Left justify omitting spaces and punctuation such as periods, apostrophes and commas. If the operator surname contains fewer than 16 characters enter only the surname, do not enter the first name in this data element.
- 34 Involved Operator First Name.** Enter the first 12 characters of the operator first name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.
- 35 Involved Operator Middle Name.** This field is optional. Enter the first 8 characters of the operator middle name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 36** **Involved Operator Birth Date.** Enter the birth date from the operator's driver license in the format YYYYMMDD.
- 37** **Involved Operator Street Address 1.** This field is required only if Involved Operator License State Code is not = "MA". Enter the operator's current street address.
- 38** **Involved Operator Street Address 2.** This field is not required if Involved Operator License State Code = "MA" and is optional if Involved Operator License State Code is not = "MA". Enter the operator's additional street address information, such as an apartment number, if needed.
- 39** **Involved Operator Address City.** This field is required only if Involved Operator License State Code is not = "MA". Enter the city of the operator's current address. If the Involved Operator Address State Code = "MA", this field must contain a town name from the RMV Massachusetts town name validation table. "Appendix N: Massachusetts Town Name" contains the RMV Massachusetts town name validation table.
- 40** **Involved Operator Address State Code.** This field is required only if Involved Operator License State Code is not = "MA". Enter the state code of the operator's current address.
- 41** **Involved Operator Address Zip Code.** This field is required only if Involved Operator License State Code is not = "MA". Enter the zip code of the operator's current address.
- 42** **Reversal Reason Code.** For a Reverse Incident Transaction, enter the two-digit code that represents the reason for the reversal from "Appendix K: Reversal Reason Code".
- 43** **Filler.** Reserved for future use.
- 44** **Insurance Company Use.** This space, for insurance company use only, may contain blanks, zeroes, or information to be used by the insurance company.

Appendix R: Safe Driver Insurance Plan Statement

Format 1 of 3

Safe Driver Insurance Plan (SDIP) Statement

Insurance Company : (1)
 Policy Number : (2)
 Effective Date : (3) Expiration Date : (4)
 MRB Process Date : (5) Transaction Codes: ((6),(7),(8),(9),(10),(11))

Dear Policyholder:

This statement contains each listed operator's driving history record maintained by the Massachusetts Merit Rating Board (MRB) as of the process date shown above. The driving history information below includes one line for each at-fault accident and each traffic violation, one line for the Starting Date, and one line for the operator's SDIP Points or Credit Code. The Surcharge Date Column contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. This column on the Starting Date Line contains the beginning date of the listed operator's 6-year policy experience period or a later date if the operator has fewer than 6 years of driving experience.

This statement is being provided in compliance with regulation 211 CMR 134.15. The SDIP Points or Credit Code for the operators listed on this policy will determine surcharges or credits if this policy was assigned through the Massachusetts Automobile Insurance Plan (MAIP). If this policy was obtained through the voluntary market, the insurance company's merit rating plan will determine how these driving history records are used.

----- OPERATOR -----		----- DRIVING HISTORY INFORMATION -----			
LICENSE NUMBER	ST	DESCRIPTION	INCIDENT DATE	SURCHARGE DATE	VALUE
(12) ((14),	(15),	(13) (16), (17))	STARTING DATE (20)	(18) (21)	(19) (22)
OPERATOR SDIP POINTS					(23) (24)

Appendix R: Safe Driver Insurance Plan Statement (continued)

Format 2 of 3

Safe Driver Insurance Plan (SDIP) Statement

Insurance Company : (1)
 Policy Number : (2)
 Effective Date : (3) Expiration Date : (4)
 MRB Process Date : (5) Transaction Codes: ((6),(7),(8),(9),(10),(11))

Dear Policyholder:

This statement contains each listed operator's driving history record maintained by the Massachusetts Merit Rating Board (MRB) as of the process date shown above. The driving history information below includes one line for each at-fault accident and each traffic violation, one line for the Starting Date, and one line for the operator's SDIP Points or Credit Code. The Surcharge Date Column contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. This column on the Starting Date Line contains the beginning date of the listed operator's 6-year policy experience period or a later date if the operator has fewer than 6 years of driving experience.

This statement is being provided in compliance with regulation 211 CMR 134.15. The SDIP Points or Credit Code for the operators listed on this policy will determine surcharges or credits if this policy was assigned through the Massachusetts Automobile Insurance Plan (MAIP). If this policy was obtained through the voluntary market, the insurance company's merit rating plan will determine how these driving history records are used.

----- OPERATOR -----			----- DRIVING HISTORY INFORMATION -----			
LICENSE NUMBER	ST	DESCRIPTION	INCIDENT DATE	SURCHARGE DATE	VALUE	
(12) ((14), (15),	(13) (16), (17))	STARTING DATE (20)	(21)	(18) (22)	(19) (23)	
EXCELLENT DRIVER DISCOUNT (98)					(24)	

Appendix R: Safe Driver Insurance Plan Statement (continued)

Format 3 of 3

Safe Driver Insurance Plan (SDIP) Statement

Insurance Company : (1)
 Policy Number : (2)
 Effective Date : (3) Expiration Date : (4)
 MRB Process Date : (5) Transaction Codes: ((6),(7),(8),(9),(10),(11))

Dear Policyholder:

This statement contains each listed operator's driving history record maintained by the Massachusetts Merit Rating Board (MRB) as of the process date shown above. The driving history information below includes one line for each at-fault accident and each traffic violation, one line for the Starting Date, and one line for the operator's SDIP Points or Credit Code. The Surcharge Date Column contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. This column on the Starting Date Line contains the beginning date of the listed operator's 6-year policy experience period or a later date if the operator has fewer than 6 years of driving experience.

This statement is being provided in compliance with regulation 211 CMR 134.15. The SDIP Points or Credit Code for the operators listed on this policy will determine surcharges or credits if this policy was assigned through the Massachusetts Automobile Insurance Plan (MAIP). If this policy was obtained through the voluntary market, the insurance company's merit rating plan will determine how these driving history records are used.

----- OPERATOR -----			----- DRIVING HISTORY INFORMATION -----		
LICENSE NUMBER	ST	DESCRIPTION	INCIDENT DATE	SURCHARGE DATE	VALUE
(12) ((14),	(15),	(13) (16), (17))	STARTING DATE (NO INCIDENTS)		(18) (19) 00 =====
EXCELLENT DRIVER DISCOUNT PLUS (99)					

Appendix R: Safe Driver Insurance Plan Statement (continued)

Example 1 of 2

Safe Driver Insurance Plan (SDIP) Statement

Insurance Company : **State Farm Mutual**
 Policy Number : **POLICY EXAMPLE 1 0000**
 Effective Date : **04-23-2008** Expiration Date : **04-23-2009**
 MRB Process Date : **02-20-2008** Transaction Codes: **(828,2,04-23-2008,1,V,721)**

Dear Policyholder:

This statement contains each listed operator's driving history record maintained by the Massachusetts Merit Rating Board (MRB) as of the process date shown above. The driving history information below includes one line for each at-fault accident and each traffic violation, one line for the Starting Date, and one line for the operator's SDIP Points or Credit Code. The Surcharge Date Column contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. This column on the Starting Date Line contains the beginning date of the listed operator's 6-year policy experience period or a later date if the operator has fewer than 6 years of driving experience.

This statement is being provided in compliance with regulation 211 CMR 134.15. The SDIP Points or Credit Code for the operators listed on this policy will determine surcharges or credits if this policy was assigned through the Massachusetts Automobile Insurance Plan (MAIP). If this policy was obtained through the voluntary market, the insurance company's merit rating plan will determine how these driving history records are used.

----- OPERATOR -----			----- DRIVING HISTORY INFORMATION -----			
LICENSE NUMBER		ST	DESCRIPTION	INCIDENT DATE	SURCHARGE DATE	VALUE
S09876543		MA	STARTING DATE		06-24-2003	00
(ROBINS , 06-29-1986, 04, N)			MAJOR ACCIDENT	02-07-2004	02-19-2004	04
			SPEEDING	11-26-2003	03-23-2004	00
			JOL PASS RESTRICTION	12-13-2003	04-06-2004	02
			MINOR ACCIDENT	10-30-2003	07-21-2004	03
			YIELD TO PEDESTRIAN	07-23-2005	12-06-2005	02
=====						
OPERATOR SDIP POINTS						11
S07999999		MA	STARTING DATE		04-23-2002	00
(REEVES , 03-15-1932, 06, N)			(NO INCIDENTS)			00
			=====			
EXCELLENT DRIVER DISCOUNT PLUS (99)						

Appendix R: Safe Driver Insurance Plan Statement (continued)

Example 2 of 2

Safe Driver Insurance Plan (SDIP) Statement

Insurance Company : **State Farm Mutual**
 Policy Number : **POLICY EXAMPLE 2 0000**
 Effective Date : **04-03-2008** Expiration Date : **04-03-2009**
 MRB Process Date : **02-01-2008** Transaction Codes: **(828,2,04-03-2008,1,V,821)**

Dear Policyholder:

This statement contains each listed operator's driving history record maintained by the Massachusetts Merit Rating Board (MRB) as of the process date shown above. The driving history information below includes one line for each at-fault accident and each traffic violation, one line for the Starting Date, and one line for the operator's SDIP Points or Credit Code. The Surcharge Date Column contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. This column on the Starting Date Line contains the beginning date of the listed operator's 6-year policy experience period or a later date if the operator has fewer than 6 years of driving experience.

This statement is being provided in compliance with regulation 211 CMR 134.15. The SDIP Points or Credit Code for the operators listed on this policy will determine surcharges or credits if this policy was assigned through the Massachusetts Automobile Insurance Plan (MAIP). If this policy was obtained through the voluntary market, the insurance company's merit rating plan will determine how these driving history records are used.

----- OPERATOR -----		----- DRIVING HISTORY INFORMATION -----			
LICENSE NUMBER	ST	DESCRIPTION	INCIDENT SURCHARGE		
			DATE	DATE	VALUE
S02345678	MA	STARTING DATE	02-23-2003	04-03-2002	00
(JAMES , 10-06-1958, 06, N)		MINOR ACCIDENT		03-05-2003	00
					00
		EXCELLENT DRIVER DISCOUNT (98)			

The _____ (1) _____ (2) Insurance Company hereby notifies the OPERATOR named below that a surcharge may be imposed as required by M.G.L. c. 175 § 113B, as a determination has been made that the OPERATOR is more than 50% at fault for the accident described herein.

OPERATOR INFORMATION

Name	(3)				
Address					
City, State Zip					
Date of Birth	(4)	Driver's License No.	(5)	State Code	(6)

♦ If any of the above operator information is incorrect, do not appeal. Contact your insurance company to make the appropriate corrections.

ACCIDENT INFORMATION

ACCIDENT INFORMATION				
Accident Date	Surcharge Notice Date	Location Code	Policy No.	Claim No.
(7)	(8)	(9)	(10)	(11)

Standard of Fault Code	(12)	Explanation:	(13)
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INSURANCE AGENT		POLICYHOLDER (if different than the OPERATOR)		
Name	(14)	Name	(15)	
Address		Address		
City, State Zip		City, State Zip		
		Date of Birth	Driver's License No.	State Code
		(16)	(17)	(18)

SURCHARGE APPEAL INSTRUCTIONS

FOLD IF YOU BELIEVE YOU WERE NOT MORE THAN 50% AT FAULT IN THIS ACCIDENT AND WISH TO APPEAL TO THE MASSACHUSETTS DIVISION OF INSURANCE. YOU SHOULD:

- (A) Complete the Surcharge Appeal Form on the reverse side of this notice.
- (B) Send a check or money order for \$50.00 payable to the Commonwealth of Massachusetts. This filing fee is non-refundable. File only one appeal per accident. The Division of Insurance does not accept cash.
- (C) Return this completed form with the filing fee by mail to:
- DIVISION OF INSURANCE
P.O. BOX 370009
BOSTON, MA 02241-0709

(D) A request for appeal must be submitted and received **WITHIN 30 DAYS** of the Surcharge Notice Date.

(E) The Division of Insurance will notify you as the date, time, and location of your hearing.

♦ Filing a surcharge appeal does not prevent the application of the surcharge to the premium. If the surcharge is billed, it **MUST** be paid. If it is later reversed, your **premium** will be adjusted, and the amount paid will be refunded or credited by the Insurance Company.

NAME _____

If the operator's mailing address is different than the address shown above, please indicate corrections here → ADDRESS

CITY, STATE ZIP